

-- NRA ACTIVATION CHECK LIST --

NRA ACTIVATION PROCESSING FOR SELECTED RESERVISTS

**SECTION I:** ALL ITEMS IN SECTION I MUST BE FILLED OUT PRIOR TO RESERVIST REPORTING TO THEIR NAVAL RESERVE ACTIVITY.

NAME: \_\_\_\_\_ RANK/RATE: \_\_\_\_\_  
 SSN/DESIGNATOR: \_\_\_\_\_ SEX: M \_\_\_\_\_ F \_\_\_\_\_  
 UNIT ASSIGNED: \_\_\_\_\_ UIC: \_\_\_\_\_  
 NRA ASSIGNED: \_\_\_\_\_ UIC: \_\_\_\_\_  
 NMPS ASSIGNED: \_\_\_\_\_ UIC: \_\_\_\_\_  
 HOTEL ASSIGNED: \_\_\_\_\_  
 TRANSPORTATION: \_\_\_\_\_ GALLEY ASSIGNED: \_\_\_\_\_  
 INTERMEDIATE DUTY STATION: \_\_\_\_\_ UIC: \_\_\_\_\_  
 INTERMEDIATE DUTY STATION: \_\_\_\_\_ UIC: \_\_\_\_\_  
 ULTIMATE DUTY STATION: \_\_\_\_\_ UIC: \_\_\_\_\_

**A. PRELIMINARY NOTIFICATION:** THE FOLLOWING ITEMS MUST BE DISCUSSED WITH THE RESERVIST DURING THE NOTIFICATION PROCESS.

	VERIFIED BY NRA	YES	NO	N/A
1. NOTIFY RESERVIST OF RECALL. <b>DATE/TIME:</b> _____				
2. NOTIFY RESERVIST THAT HE/SHE <b>CANNOT</b> REQUEST TRANSFER TO IRR; DIRECT RESERVIST <b>NOT</b> TO CHANGE EMPLOYER HEALTH PLANS UNTIL AFTER REPORTING TO THE NRA; INFORM RESERVIST THAT MOVEMENT OF FAMILY AND/OR HOUSEHOLD GOODS IS <b>NOT</b> AUTHORIZED.				
3. CAN RESERVIST REPORT TO NRA WITHIN 24 HOURS OF NOTIFICATION? <b>IF NO, EXPLAIN SITUATION, CONDITION, REASON WHICH WILL PREVENT THE RESERVIST FROM REPORTING WITHIN 24 HOURS OF NOTIFICATION:</b> _____ _____				
4. CAN RESERVIST BE ACTIVATED BASED ON COMNAVRESFOR AND BUPERS CRITERIA? <b>IF NO, EXPLAIN SITUATION, CONDITION AND REASON WHICH MAY IMPEDE MOBILIZATION:</b> _____ _____ _____ <b>(ADVISE RESERVIST TO BRING SUPPORTING DOCUMENTATION.)</b>				

	VERIFIED BY NRA	YES	NO	N/A
5. RESERVIST ADVISED THAT ONCE NOTIFIED FOR RECALL THEY ARE SUBJECT TO UCMJ.				
6. WAS RESERVIST A FORMER PEACE CORPS MEMBER IN AREA OF RESPONSIBILITY (AOR)? (CANNOT DEPLOY IN ANY INTEL CAPACITY TO COUNTRY IN WHICH SERVED/TRAINED.) <b>IF YES, PROVIDE LOCATIONS AND DATES:</b>  _____ _____ _____ <b>(NRA MUST CONFIRM INFORMATION WITH PEACE CORPS HQ; DIAL 1-800-424-8580.)</b>				
7. a. WAS RESERVIST A POW IN AOR?				
b. <b>IF YES, DOES RESERVIST WAIVE EXEMPTION?</b>				
8. a. IS RESERVIST EMPLOYED? <b>IF YES, DIRECT RESERVIST TO NOTIFY EMPLOYER OF RECALL IN WRITING.</b>				
b. DID RESERVIST PROVIDE DOCUMENTATION OF RECALL TO EMPLOYER? <b>IF NO, FAX ORDERS (UNLESS UNEMPLOYED).</b>				
9. RESERVIST DIRECTED TO BRING THE FOLLOWING DOCUMENTATION TO SUPPORT PERSONNEL PROCESSING REQUIREMENTS:				
a. A VOIDED PERSONAL CHECK OR DEPOSIT SLIP SHOWING BANK ADDRESS AND TELEPHONE, BANK ROUTING NUMBER AND ACCOUNT NUMBER FOR MANDATORY ALLOTMENT/ ENROLLMENT IN DIRECT DEPOSIT SYSTEM (DDS). <b>INFORM RESERVIST THAT IT IS MANDATORY THAT ACTIVE DUTY PAY AND ALLOTMENTS TO FINANCIAL INSTITUTIONS BE DELIVERED BY DDS. DDS INFORMATION USED TO DELIVER DRILL PAY WILL BE USED FOR ACTIVE DUTY PAY UNLESS THE MEMBER INITIATES A CHANGE AT THE NMPS. TO CHANGE WHERE PAY WILL BE DELIVERED OR TO REQUEST THIS TYPE OF ALLOTMENT MEMBERS MUST BRING THE INFORMATION SHOWN ON EITHER A VOIDED PERSONAL CHECK OR DEPOSIT SLIP. RECOMMEND THE MEMBER BRING ADDITIONAL CHECKS TO ACCESS FUNDS AND, IF NECESSARY, ARRANGE FOR AUTOMATED DEDUCTIONS FOR FIXED EXPENSES (e.g. MORTGAGE OR CAR PAYMENTS, ETC.).</b>				
b. COPY OF CURRENT MORTGAGE (WITH PRINCIPAL/IN TEREST/ TAX /INSURANCE BREAKDOWN) OR RENTAL AGREEMENT AND DOCUMENTATION OF ONE MONTH'S AVERAGE UTILITIES TO SUBSTANTIATE ENTITLEMENT TO VARIABLE HOUSING ALLOWANCE (VHA).				
c. COPY OF MOST RECENT EYEGLASS PRESCRIPTION AND EXTRA SET OF EYEGLASSES. <b>INFORM RESERVIST THAT CONTACT LENSES MAY NOT BE AUTHORIZED FOR FORWARD DEPLOYED MEMBERS, DEPENDING UPON WHERE ASSIGNED.</b>				
	VERIFIED BY NRA	YES	NO	N/A

d. EXTRA HEARING AID/BATTERIES.				
e. APPROVED LEGAL MEDICATIONS RESERVIST IS TAKING AT THE DIRECTION OF PHYSICIAN OR DENTIST AND <b>COPY OF PRESCRIPTION(S) OR OTHER DOCUMENTATION.</b>				
f. <b>IF A MEDICAL CORPS, DENTAL CORPS, MEDICAL SERVICE CORPS (CLINICAL), OR NURSE CORPS,</b> CERTIFIED COPIES OR PROOF OF FOLLOWING PER BUMEDINST 6320.66A. <b>*CENTRALIZED CREDENTIALING AND PRIVILEGING DEPARTMENT (CCPD) IN JACKSONVILLE, FL (904) 542-7200, MUST BE CONTACTED TO VERIFY ACCURACY. (REQUIRED DOCUMENTATION MUST BE FORWARDED IF NOT ON FILE.)</b>				
(1) CURRENT LICENSE/CERTIFICATE.				
(2) CURRENT BCLS, ACLS, PALS, NALS, CARDS, ETC.				
(3) CURRENT DEMOGRAPHIC INFORMATION IF A MEDICAL DEPARTMENT OFFICER.				
(4) INTERNSHIP.				
(5) RESIDENCY.				
(6) BOARD CERTIFICATION IN SPECIALTY OR BOARD CERTIFICATION QUALIFICATIONS.				
g. <b>DOCUMENTATION TO SUPPORT CHANGES TO PERSONAL STATUS NOT CURRENTLY REFLECTED IN SERVICE RECORD AFFECTING ACTIVE DUTY GAIN PROCESSING AT PSD, I.E.:</b>				
(1) CERTIFICATION OF DISCHARGE/ SEPARATION (DD-214) OF ALL FORMER PERIODS OF ACTIVE DUTY.				
(2) BIRTH, ADOPTION OR GUARDIANSHIP CERTIFICATES FOR ALL DEPENDENTS.				
(3) COPIES OF ALL CURRENT CHILD SUPPORT AGREEMENTS				
(4) SOCIAL SECURITY NUMBERS FOR SELF AND DEPENDENTS.				
(5) CERTIFIED COPY OF MARRIAGE CERTIFICATE FOR PRESENT MARRIAGE.				
(6) CERTIFIED COPIES OF DOCUMENTATION TERMINATING ANY PREVIOUS MARRIAGE, SUCH AS DIVORCE/ANNULMENT DECREE OR SPOUSE'S DEATH CERTIFICATE.				
(7) CERTIFICATE OF FULL-TIME ENROLLMENT FOR SELF AND COLLEGE-AGE DEPENDENTS FROM SCHOOL REGISTRAR.				
(8) SIGNED STATEMENT FROM LICENSED PHYSICIAN OR MEDICAL OFFICER FOR DEPENDENT PARENT/CHILDREN OVER 21 YEARS OF AGE WHO ARE INCAPACITATED.				
(9) DOCUMENTATION TO SUPPORT ENROLLMENT OF EXCEPTIONAL FAMILY MEMBER.				
h. INFORMATION TO UPDATE SECURITY CLEARANCE, I.E. NAMES, PLACES AND DATES OF BIRTH FOR SPOUSE, RESERVIST'S PARENTS AND SPOUSES PARENTS, LIST OF PREVIOUS RESIDENCES AND DATES, NAMES AND ADDRESSES OF PERSONAL AND PROFESSIONAL REFERENCES, NAMES AND ADDRESSES OF EMPLOYERS FOR PAST 10 YEARS OR SINCE GRADUATION FROM HIGH SCHOOL/COLLEGE, AND DATES OF PREVIOUS EDUCATION.				
i. CURRENT DRIVERS LICENSE ( <b>TO SUPPORT ISSUANCE OF GOVERNMENT LICENSE</b> ).				

	VERIFIED BY NRA	YES	NO	N/A
10. DOES RESERVIST HAVE A MILITARY SPOUSE? <b>IF YES, ENSURE</b>				

<b>DON DEPENDANT CARE CERTIFICATE (OPNAV 1070/1) IS CURRENT AND VERIFIED.</b>				
<b>11. DOES RESERVIST REQUIRE A WILL? IF YES, ANNOTATE REQUIREMENT IN NMPS INFORMATION/ACTION SECTION ON LAST PAGE . IF RESERVIST HAS CURRENT, VALID WILL, ENSURE PRIMARY NEXT OF KIN AND FAMILY KNOW LOCATION.</b>				
<b>12. DOES RESERVIST REQUIRE POWER(S) OF ATTORNEY FOR FINANCES/TAX FILING/CHILD CARE/HOUSEHOLD GOODS FOR STORAGE/ETC? IF YES, ANNOTATE REQUIREMENT(S) IN NMPS INFORMATION/ACTION SECTION ON LAST PAGE.</b>				
<b>13. a. NOTIFY RESERVISTS DEPLOYING OUTCONUS THAT PRIVATELY OWNED VEHICLE (POV) TRAVEL TO NMPS NOT AUTHORIZED.</b>				
<b>b. NOTIFY RESERVISTS THAT POV USAGE MAY BE AUTHORIZED AT DISCRETION OF COMNAVRESFOR AND RISK OF OWNER.</b>				
<b>c. RESERVISTS AUTHORIZED POV USAGE ARE ADVISED TO BRING VEHICLE REGISTRATION, DRIVER'S LICENSE AND CAR INSURANCE INFORMATION TO OBTAIN BASE STICKER.</b>				
<b>14. ADVISE RESERVIST DEPLOYING OUTCONUS THAT PERSONAL LUGGAGE NOT TO EXCEED TWO PIECES, 70 LBS/62 LINEAR INCHES PER PIECE IS AUTHORIZED. RESERVIST ALSO ALLOWED ONE SMALL CARRYON BAG (30 LBS), IN ADDITION TO ANY WEAPON(S) ISSUED.</b>				
<b>15. DOES RESERVIST REQUIRE HOUSEHOLD GOODS STORAGE? IF YES, ANNOTATE REQUIREMENT(S) IN NMPS INFORMATION/ACTION SECTION ON LAST PAGE. ADVISE RESERVIST THAT POWER OF ATTORNEY WILL BE REQUIRED FOR INDIVIDUAL, OTHER THAN RESERVIST, WHO EXECUTES STORAGE PROCESS.</b>				
<b>16. RESERVIST ADVISED OF ADDITIONAL REQUIREMENTS UNIQUE TO THIS OPERATION. (NOTE: NRA WILL DEVELOP AN ADDENDUM CHECKLIST BASED ON ACTIVATION/ MOBILIZATION POLICY GUIDANCE ISSUED BY CNO AND/OR N1/BUPERS FOR THE OPERATION).</b>				
<b>17. RESERVIST ADVISED OF DATE/TIME/PLACE TO REPORT FOR NRA ACTIVATION PROCESSING AS FOLLOWS:</b> _____				

	VERIFIED BY NRA	YES	NO	N/A
18. NOTIFY RESERVIST TO UPDATE FAMILY CARE PLANS, IF REQUIRED, AND TO BRING UPDATED COPY TO ACTIVATION NRA. UPON REPORTING, IF DUAL-MILITARY FAMILY, ANNOTATE MILITARY SERVICE AND UNIT ASSIGNMENT OF OTHER FAMILY MEMBER, AND WHETHER ALERTED FOR RECALL FOR CURRENT CONTINGENCY, IF REQUIRED.				
19. RESERVIST ADVISED OF TRANSPORTATION ARRANGEMENTS TO NRA, AS APPLICABLE.				
20. NOTIFY RESERVIST OF PLANNED RLD FOR INDIVIDUAL/UNIT.				

**SIGNATURE OF NOTIFYING OFFICIAL:** \_\_\_\_\_

**PRINTED NAME/PHONE NUMBER:** \_\_\_\_\_

**DATE/TIME:** \_\_\_\_\_

**SECTION II. ALL ITEMS IN SECTION II MUST BE FILLED OUT PRIOR TO RESERVIST DEPARTING FOR NMPS.**

**A. SPECIAL CASES BOARD ACTION:**

RESERVIST IS REQUESTING A DELAY OR EXEMPTION BOARD DUE TO THE FOLLOWING REASONS:

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**CONSULT ACTIVATION/MOBILIZATION POLICY GUIDANCE ISSUED BY CNO N1/ BUPERS FOR DELAY AND EXEMPTION CRITERIA RELATIVE TO THIS OPERATION. (NOTE: ATTACH COPY OF BOARD RESULTS IF RESERVIST IS DELAYED OR EXEMPTED.)**

**B. PERSONNEL/PSD REQUIREMENTS:**

	YES	NO	N/A
1. HAS RESERVIST PERSONALLY REVIEWED AND ACKNOWLEDGED ORDERS AND INSTRUCTIONS THEREIN? <b>IF NO, ENSURE ORDERS ARE REVIEWED/EXPLAINED.</b>			
2. RESERVIST CURRENTLY ENROLLED IN DDS?			
a. IF NOT ENROLLED, DID RESERVIST BRING VOIDED CHECK/DEPOSIT SLIP FOR ENROLLMENT AT NMPS? **			
b. DOES RESERVIST REQUIRE CHANGE IN DESIGNATED FINANCIAL INSTITUTION FOR DDS?			
c. IF CHANGE REQUIRED, DID RESERVIST BRING VOIDED CHECK/DEPOSIT SLIP TO CHANGE AT NMPS? **			
3. HAS RESERVIST RECENTLY BEEN DISCHARGED/RELEASED FROM ACTIVE DUTY? <b>IF YES, DISCHARGE/RELEASE DATE WAS (DATE:) _____ ( NOTE: DISCHARGE WITHIN PAST 30 DAYS MAY CREATE DIFFICULTY IN ESTABLISHING MASTER MILITARY PAY ACCOUNT, ANNOTATE INFORMATION/ ACTION SECTION ON LAST PAGE.</b>			
4. HAS RESERVIST SERVED <b>16 OR MORE YEARS OF ACTIVE DUTY</b> (INCLUDING AT, ADT, ADSW, MOBILIZATION) OR, WILL RESERVIST <b>REACH 58 YEARS OF AGE</b> PRIOR TO COMPLETION OF RECALL? <b>IF YES, CONTACT BUPERS (PERS -91) FOR CALCULATION OF ACDU SERVICE. IF RESERVIST HAS POTENTIAL FOR SANCTUARY DURING THIS RECALL, NOTIFY COMNAVRESFOR (N32) FOR GUIDANCE/ DETERMINATION.</b>			

\*\*NOTE\*\* SEE SECTION J NUMBER 6

	YES	NO	N/A
5. DOES RESERVIST'S EOS OCCUR WITHIN PERIOD OF RECALL PLUS 30 DAYS? <b>IF YES, CONSULT ACTIVATION/MOBILIZATION POLICY GUIDANCE ISSUED BY CNO (N1) TO DETERMINE POSSIBLE EXEMPTION STATUS. IN LIEU OF EXEMPTION, RESERVIST MAY OPT TO REENLIST. NRA COMPLETE REENLISTMENT CONTRACT. RESERVIST TAKE COMPLETED CONTRACT TO NMPS FOR EXECUTION.</b>			
6. DOES RESERVIST POSSESS VALID RESERVE ID CARD (DD FORM 2)?			
a. ITEM CORRECTED.			
7. ARE RESERVIST'S FAMILY MEMBERS ENROLLED IN DEERS/RAPIDS? <b>IF NO, INITIATE APPLICATIONS AND MAKE FURTHER ARRANGEMENTS FOR ISSUING DEPENDENT ID CARD.</b>			
a. ITEM CORRECTED.			
8. IS RESERVIST'S SERVICE RECORD PAGE TWO CURRENT AND ACCURATE? <b>IF NO, ENSURE RESERVIST HAS REQUIRED DOCUMENTATION FOR UPDATE AT NMPS.</b> **			
9. DOES RESERVIST HAVE CURRENT, COMPLETE NAVY DEPENDENT CARE CERTIFICATE? <b>IF NO, OBTAIN CURRENT CERTIFICATE FROM RESERVIST.</b>			
a. ITEM CORRECTED.			
10. DOES RESERVIST NEED TO REVIEW OR REVISE SGLI 8286? <b>IF YES, COMPLETE ACTIONS.</b>			
a. ITEM CORRECTED.			
11. DOES RESERVIST HAVE DOCUMENTATION TO ESTABLISH VHA (CURRENT MORTGAGE (WITH PRINCIPAL/INTEREST/TAXES) OR RENTAL AGREEMENT AND DOCUMENTATION OF 1-MONTH'S AVERAGE UTILITIES)? <b>IF NO, ENSURE RESERVIST OBTAINS REQUIRED DOCUMENTATION FOR PROCESSING AT NMPS.</b> **			
12. ADVANCEMENT EXAMS ORDERED AND WORKSHEETS COMPLETED? FORWARD EXAMS TO GAINING COMMAND PSD.			
13. DOES RESERVIST HAVE ORIGINAL, ENDORSED ORDERS AND SERVICE RECORD IN HAND?			
14. ARE THERE ANY PERSONNEL ISSUES WHICH REQUIRE SPECIAL ATTENTION AT THE NMPS? <b>IF YES, ANNOTATE REQUIREMENT IN NMPS INFORMATION/ACTION SECTION ON LAST PAGE.</b> **			

\*\*NOTE\*\* SEE SECTION J NUMBER 6

SIGNATURE OF CERTIFYING PERSONNEL/PDS OFFICIAL: \_\_\_\_\_

PRINTED NAME/PHONE NUMBER: \_\_\_\_\_

SIGNATURE OF RESERVIST: \_\_\_\_\_

DATE/TIME: \_\_\_\_\_

C. MEDICAL REQUIREMENTS:

	YES	NO	N/A
1. IS THE RESERVIST CURRENTLY TEMPORARY NOT PHYSICALLY QUALIFIED (TNPQ)? <b>IF YES, DETERMINE REASON AND PROJECTED DATE FOR RETURN TO FULL DUTY AND/OR IDENTIFY POTENTIAL FOR DELAY OR EXEMPTION.</b>			
2. DID THE RESERVIST PASS THE MOST CURRENT PHYSICAL READINESS TEST (PRT)? <b>IF NO, CONSULT ACTIVATION/DEMOBILIZATION POLICY GUIDANCE ISSUED BY CNO/N1/BUPERS.</b>			
IN REVIEW OF MEDICAL RECORD, IS THERE ANY CONDITION WHICH MAY IMPACT THE RESERVIST'S ABILITY TO MOBILIZE? <b>IF YES, EXPLAIN:</b> _____ _____			
4. IS THE RESERVIST PREGNANT? <b>IF RESULTS CONFIRM POSITIVE, CONSULT ACTIVATION/ MOBILIZATION POLICY GUIDANCE ISSUED BY CNO/N1 TO DETERMINE POSSIBLE DELAY OR EXEMPTION STATUS.</b>			
5. ARE IMMUNIZATIONS CURRENT FOR THIS OPERATION? <b>IF NO, ANNOTATE REQUIREMENTS IN NMPS INFORMATION/ACTION SECTION ON THE LAST PAGE (NOTE: FOR RESERVISTS NEEDING MULTIPLE IMMUNIZATIONS, NRA SHOULD PROVIDE AS MANY SHOTS AS POSSIBLE DURING ACTIVATION).</b> **			
6. DOES THE RESERVIST HAVE A CURRENT HIV TEST IAW SECNAVINST 5300.30C? <b>IF NO, ANNOTATE REQUIREMENT IN NMPS INFORMATION/ACTION SECTION ON LAST PAGE.</b> **			
7. DOES THE DEERS DATABASE REFLECT A DNA SAMPLE ON FILE? IF NOT, ANNOTATE REQUIREMENT UNDER NMPS INFO/ACTION SECTION. **			
8. DID RESERVIST BRING COPY OF MOST RECENT EYEGLASS PRESCRIPTION AND EXTRA SET OF GLASSES?			
9. DID RESERVIST BRING EXTRA HEARING AID BATTERIES?			

\*\*NOTE\*\* SEE SECTION J NUMBER 6



	YES	NO	N/A
10. DID RESERVIST BRING 180-DAY SUPPLY OF APPROVED LEGAL MEDICATIONS AND COPY OF PRESCRIPTION(S)/ DOCUMENTATION?			
11. DOES THE RESERVIST HAVE A FAMILY MEMBER WHO SHOULD BE ENROLLED IN THE EXCEPTIONAL FAMILY MEMBER PROGRAM? <b>IF YES, ANNOTATE REQUIREMENT IN NMPS INFORMATION/ ACTION SECTION ON LAST PAGE AND ENSURE REQUIRED DOCUMENTATION IS IN RESERVIST'S POSSESSION. **</b>			
12. DOES RESERVIST DESIRE ENROLLMENT IN TRICARE? <b>IF YES, ENSURE APPROPRIATE ELECTION FORMS ARE FILLED OUT AND PROCESSED.</b>			
13. DOES RESERVIST HAVE MEDICAL RECORD IN HAND?			
14. ARE THERE ANY MEDICAL ISSUES WHICH REQUIRE SPECIAL ATTENTION AT THE NMPS? <b>IF YES, ANNOTATE REQUIREMENT IN NMPS INFORMATION/ACCESS SECTION ON LAST PAGE. **</b>			

**SIGNATURE OF CERTIFYING MEDICAL OFFICIAL:** \_\_\_\_\_

**PRINTED NAME/PHONE NUMBER:** \_\_\_\_\_

**SIGNATURE OF RESERVIST:** \_\_\_\_\_

**DATE/TIME:** \_\_\_\_\_

**D. DENTAL REQUIREMENTS:**

	YES	NO	N/A
1. IS THE RESERVIST CURRENTLY DENTAL CLASS 1 OR 2? <b>IF NEITHER, ANNOTATE IN NMPS INFORMATION/ACTION SECTION ON LAST PAGE. **</b>			
2. IF ENROLLED IN TRICARE SELECTED RESERVE DENTAL PROGRAM AND RECALLED FOR 30 DAYS OR MORE, HAS MEMBER BEEN DISENROLLED? <b>IF NO, MEMBER MUST BE DISENROLLED.</b>			
a. ITEM CORRECTED?			
3. IN REVIEW OF RESERVIST'S DENTAL RECORD, IS THERE ANY CONDITION WHICH MAY IMPACT THE RESERVIST'S ABILITY TO MOBILIZE? <b>IF YES, EXPLAIN:</b> _____			

**\*\*NOTE\*\* SEE SECTION J NUMBER 6**

	YES	NO	N/A
4. DOES RESERVIST HAVE CURRENT PANORAL X-RAY? <b>IF NO, ANNOTATE REQUIREMENT IN NMPS INFORMATION/ACTION SECTION ON LAST PAGE.</b> **			
5. DOES RESERVIST HAVE DENTAL RECORD IN HAND?			
6. ARE THERE ANY DENTAL ISSUES WHICH REQUIRE SPECIAL ATTENTION AT THE NMPS? <b>IF YES, ANNOTATE REQUIREMENTS IN NMPS INFORMATION/ACTION SECTION ON LAST PAGE.</b> **			

**SIGNATURE OF CERTIFYING DENTAL OFFICIAL:** \_\_\_\_\_

**PRINTED NAME/PHONE NUMBER:** \_\_\_\_\_

**SIGNATURE OF RESERVIST:** \_\_\_\_\_

**DATE/TIME:** \_\_\_\_\_

**E. LEGAL REQUIREMENTS:**

	YES	NO	N/A
1. DOES THE RESERVIST HAVE ANY PENDING CIVIL OR CRIMINAL ISSUES/CHARGES? (THIS WOULD INCLUDE DIVORCE, CHILD CUSTODY ISSUES, ETC.) <b>IF YES, CONSULT ACTIVATION/MOBILIZATION POLICY GUIDANCE ISSUED BY CNO/N1/BUPERS; LIST DETAILS OF PENDING CHARGES (WHO, WHAT, WHEN, WHERE, WHY, ETC.):</b> _____ _____ _____			
2. DOES THE RESERVIST'S HAVE ANY OTHER LEGAL ISSUES WHICH MAY IMPACT MOBILIZATION? <b>IF YES, EXPLAIN:</b> _____ _____ _____ <b>ANNOTATE PROBLEMS/ISSUES IN NMPS INFORMATION/ACTION SECTION ON LAST PAGE.</b> **			
3. HAS RESERVIST PROVIDED POWERS OF ATTORNEY TO APPLICABLE PEOPLE FOR FINANCIAL ISSUES, TAXES, CHILD CARE, HOUSEHOLD GOODS, STORAGE, ETC? <b>IF NO, ANNOTATE REQUIREMENT IN NMPS INFORMATION/ACTION SECTION ON LAST PAGE.</b> **			
4. DOES THE RESERVIST HAVE A CURRENT WILL ON FILE? <b>IF NO, ANNOTATE REQUIREMENT IN NMPS INFORMATION/ACTION SECTION ON LAST PAGE.</b> **			

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**\*\*NOTE\*\*** SEE SECTION J NUMBER 6

	YES	NO	N/A
5. ARE THERE ANY LEGAL ISSUES WHICH REQUIRE SPECIAL ATTENTION AT THE NMPS? <b>IF YES, ANNOTATE REQUIREMENT IN NMPS INFORMATION/ACTION SECTION ON LAST PAGE.</b> **			

**SIGNATURE OF CERTIFYING LEGAL OFFICIAL:** \_\_\_\_\_

**PRINTED NAME/PHONE NUMBER:** \_\_\_\_\_

**SIGNATURE OF RESERVIST:** \_\_\_\_\_

**DATE/TIME:** \_\_\_\_\_

E. SECURITY REQUIREMENTS:

	YES	NO	N/A
1. DOES RESERVIST MEET SECURITY CLEARANCE REQUIREMENTS FOR THE MOBILIZATION BILLET?			
2. HAS THE RESERVIST'S SECURITY CLEARANCE DATA BEEN ANNOTATED ON ORDERS?			

**SIGNATURE OF CERTIFYING SECURITY OFFICIAL:** \_\_\_\_\_

**PRINTED NAME/PHONE NUMBER:** \_\_\_\_\_

**SIGNATURE OF RESERVIST:** \_\_\_\_\_

**DATE/TIME:** \_\_\_\_\_

G. SUPPLY REQUIREMENTS:

	YES	NO	N/A
1. DOES RESERVIST HAVE A FULL RESERVE SEABAG (TO INCLUDE GOOD-FITTING UNIFORMS IN GOOD REPAIR) FOR WHICH ELIGIBLE UPON RECALL/MOBILIZATION? <b>IF NO, PROVIDE EXCHANGE/FILL SHORTFALLS AS FEASIBLE WITH ONBOARD STOCK. IDENTIFY OTHER REQUIRED ITEMS INCLUDING QUANTITY AND SIZE IN NMPS INFORMATION/ACTION SECTION ON LAST PAGE. ADVISE RESERVISTS OF HOW SEABAG SHORTAGES WILL BE ADDRESSED, AND AT WHOSE EXPENSE.</b> **			

**SIGNATURE OF CERTIFYING SUPPLY OFFICIAL:** \_\_\_\_\_

**PRINTED NAME/PHONE NUMBER:** \_\_\_\_\_

**SIGNATURE OF RESERVIST:** \_\_\_\_\_

DATE/TIME: \_\_\_\_\_

**\*\*NOTE\*\* SEE SECTION J NUMBER 6**

**H. FAMILY REQUIREMENTS:**

	YES	NO	N/A
1. DOES THE RESERVIST HAVE ANY FAMILY MEMBERS WITH SPECIAL NEEDS, MEDICAL OR OTHER?			
2. WAS RESERVIST PROVIDED WITH INFORMATION, INCLUDING DEPLOYMENT BRIEF AND NRA OMBUDSMAN'S NAME AND PHONE NUMBER FOR FAMILY MEMBERS?			
3. DID RESERVIST RECEIVE BRIEF ON OPNAVINST 1740.4A (FAMILY CARE PLAN) REQUIREMENTS?			
4. DOES RESERVIST REQUIRE HOUSEHOLD GOODS STORAGE? <b>IF YES, ENSURE THE RESERVIST IS AWARE OF REQUIREMENT TO HAVE POWER OF ATTORNEY FOR INDIVIDUAL, OTHER THAN RESERVIST, WHO EXECUTES STORAGE PROCESS. ANNOTATE STORAGE REQUIREMENTS IN NMPS INFORMATION/ACTION SECTION ON LAST PAGE.</b> **			

**SIGNATURE OF CERTIFYING NRA OFFICIAL:** \_\_\_\_\_

**PRINTED NAME/PHONE NUMBER:** \_\_\_\_\_

**SIGNATURE OF RESERVIST:** \_\_\_\_\_

**DATE/TIME:** \_\_\_\_\_

**I. EMPLOYER SUPPORT:**

	YES	NO	N/A
1. HAS RESERVIST COMPLETED THE EMPLOYER SURVEY FORM(S)?			
2. IS RESERVIST'S EMPLOYER SUPPORTIVE OF THEIR RECALL?			

**SIGNATURE OF CERTIFYING NRA OFFICIAL:** \_\_\_\_\_

**PRINTED NAME/PHONE NUMBER:** \_\_\_\_\_

**SIGNATURE OF RESERVIST:** \_\_\_\_\_

**DATE/TIME:** \_\_\_\_\_

**\*\*NOTE\*\* SEE SECTION J NUMBER 6**

J. NRA FINAL CERTIFICATION:

	YES	NO	N/A
1. NRA HAS COMPLETED ALL ACTIVATION REQUIREMENTS AND RESERVIST IS READY TO PROCEED TO THE NMPS? IF NO, EXPLAIN: _____ _____ _____			
2. ORDERS, SERVICE, MEDICAL AND DENTAL RECORDS WITH RESERVIST?			
3. NRA HAS NOTIFIED NMPS OF RESERVIST'S TRAVEL ARRANGEMENTS AND ITINERARY? <b>REMIND RESERVIST HE/SHE CAN NOT CHANGE TRAVEL ARRANGEMENTS WITHOUT THE APPROVAL OF NRA COMMANDER. ADVISE RESERVIST TO NOTIFY NMPS POC IF DELAYED ENROUTE AND CONSEQUENCES OF FAILURE TO REPORT AS ORDERED.</b>			
4. RESERVIST INCLUDED IN A PERSONNEL TRANSFER REPORT IDENTIFYING RESERVISTS COMPLETING ACTIVATION AND THEIR EXPECTED REPORT DATE TO THE NMPS?			
5. RESERVIST PROVIDED WITH NMPS CONTACT PHONE NUMBER?			
6. <b>NMPS INFORMATION/ACTION SECTION. ALL ISSUES REQUIRING NMPS ATTENTION HAVE BEEN ANNOTATED BELOW?</b> ** _____ _____ _____ _____ _____ _____			
7. RESERVIST PROVIDED TWO COPIES OF THEIR COMPLETED ACTIVATION CHECK LIST (ONE TO RETAIN AND ONE TO PROVIDE TO THE NMPS)? THE COMPLETED ORIGINAL ACTIVATION CHECK LIST IS RETAINED AT THE NRA IN THE RESERVIST'S PERSONAL RECALL FILE.			

SIGNATURE OF CERTIFYING NRA OFFICIAL: \_\_\_\_\_

PRINTED NAME/PHONE NUMBER: \_\_\_\_\_

SIGNATURE OF RESERVIST: \_\_\_\_\_

DATE/TIME: \_\_\_\_\_

FOR OFFICIAL USE ONLY

APPENDIX L

-- NRA DEACTIVATION CHECK LIST --

NRA DEACTIVATION PROCESSING FOR SELECTED RESERVISTS

**NOTE:** ALL ITEMS MUST BE FILLED OUT PRIOR TO RESERVIST DEPARTING THE NRA.

NAME: \_\_\_\_\_ RANK/RATE: \_\_\_\_\_  
 SSN/DESIGNATOR: \_\_\_\_\_ SEX: M \_\_\_\_\_ F \_\_\_\_\_  
 UNIT ASSIGNED: \_\_\_\_\_ UIC: \_\_\_\_\_  
 DUTY STATION DEPARTING: \_\_\_\_\_ UIC: \_\_\_\_\_

	YES	NO	N/A	INITIAL
<b>1. MEDICAL RECORD RECEIVED?</b>				
<b>2. IF RESERVIST WAS DEPLOYED TO AREA OF RESPONSIBILITY ARE THERE ANY FOLLOW-ON MEDICAL REQUIREMENTS? IF SO, ADVISE RESERVIST OF THESE REQUIREMENTS.</b>				
<b>3. DENTAL RECORD RECEIVED?</b>				
<b>4. IF RESERVIST DISENROLLED FROM TRICARE SELECTED RESERVE DENTAL PROGRAM UPON RECALL, DOES MEMBER DESIRE ENROLLMENT BACK INTO PROGRAM? IF SO, ENSURE APPROPRIATE PAPERWORK IS COMPLETED AND PROCESSED.</b>				
<b>5. SERVICE RECORD RECEIVED?</b>				
<b>6. FINAL TRAVEL CLAIM (IF NOT COMPLETED AT THE NMPS) SUBMITTED TO SUPPLY?</b>				
<b>7. CHECKED-IN WITH MANPOWER TO APPLY FOR DRILLING BILLET ASSIGNMENT?</b>				
<b>8. FINAL ORDERS RETURNED TO TRAINING ?</b>				

SIGNATURE OF CERTIFYING NRA OFFICIAL: \_\_\_\_\_

PRINTED NAME/PHONE NUMBER: \_\_\_\_\_

SIGNATURE OF RESERVIST: \_\_\_\_\_

PRINTED NAME/PHONE NUMBER: \_\_\_\_\_

DATE/TIME: \_\_\_\_\_

